

Case Management & Wraparound

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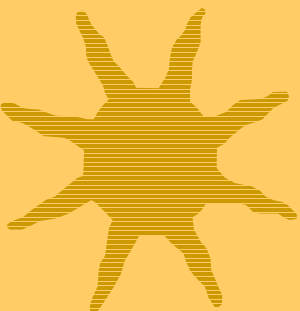
Case Management: What Is It?

- ★ Case management is a coordinated strategy on behalf of clients to obtain the services they need, when they need them and for as long as they need them.

Solomon, 1992

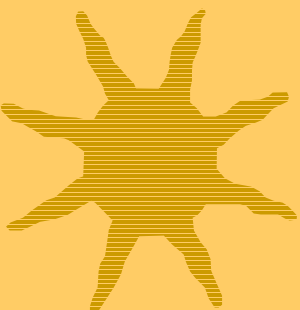


What to Call Them



★ Case Manager

★ Care Coordinator



★ Service Coordinator

★ Family Service Coordinator

★ Family Advocate

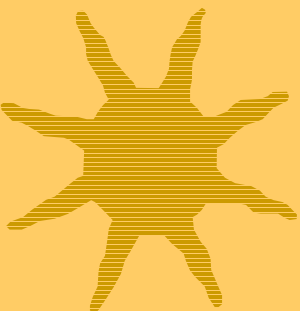


★ Family Associate

★ Family Partner



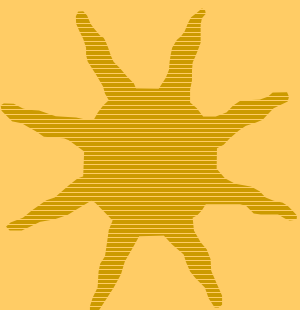
Common Models of Case Management



★ Generalist or service broker

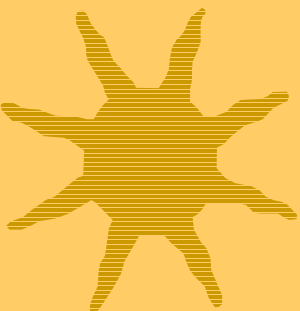
★ Primary therapist

★ Interdisciplinary team

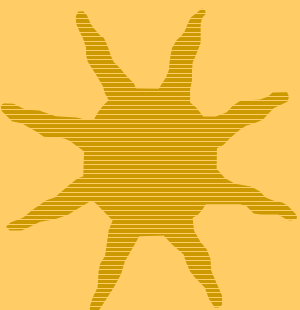




Core Functions



- ★ Assessment
- ★ Service Planning
- ★ Service Plan Implementation
- ★ Service Coordination
- ★ Monitoring and Evaluation
- ★ Advocacy





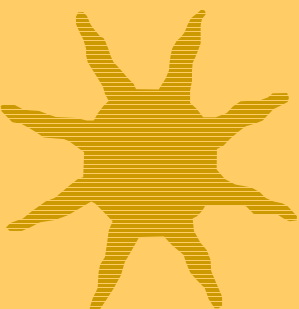
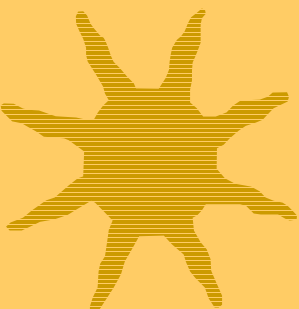
Secondary Functions



★ Providing Clinical Services

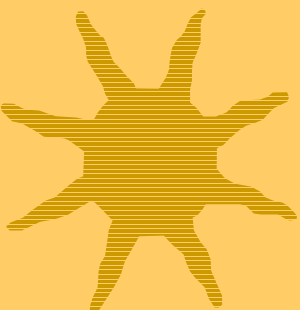
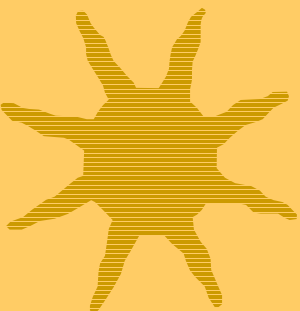
★ Role Modeling

★ Case Identification or Outreach





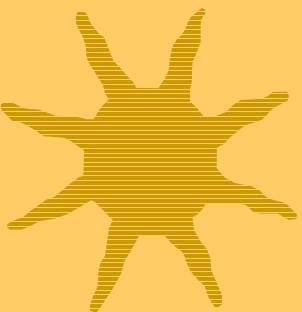
Organizational or System Elements to Consider



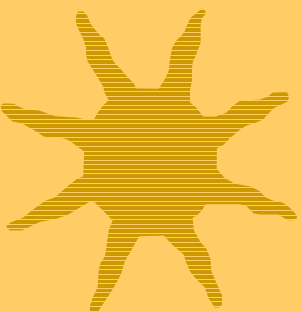
- ★ Auspice (private or public)
- ★ Financing
- ★ Intensity, frequency and duration (caseload)
- ★ Target population
- ★ Focus of service (child or family)
- ★ Service availability (location and times)
- ★ Team or individual case manager



Evidence Base

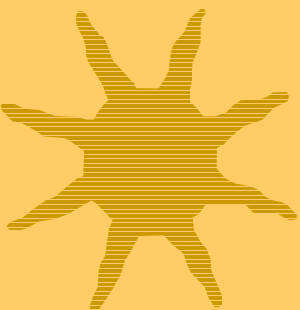
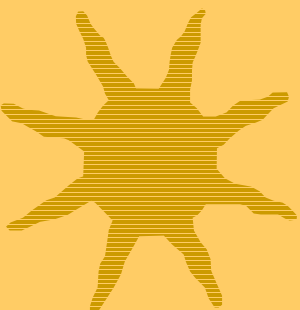
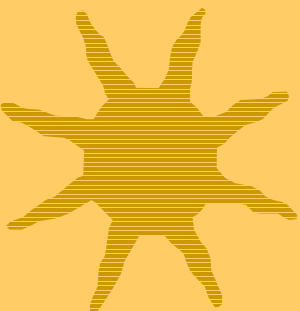


- ★ Monitoring and quality assurance
- ★ Program Evaluation (pre/post design)
- ★ Quasi-experimental, data based study
- ★ Possibly 3 randomized controlled trials with children with SED
- ★ 3 randomized controlled trials with special populations (homeless, crisis, foster care)





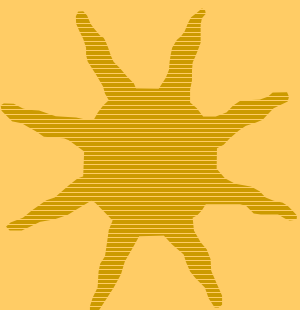
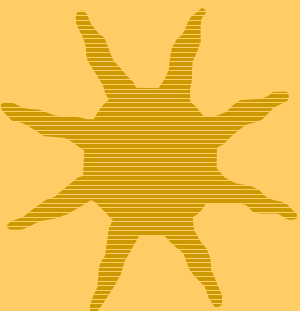
What Were the Outcomes?



- ★ Hospital days are decreased and community tenure increased through use of a linkage and advocacy intensive case management model
- ★ Superior outcomes were produced by using a treatment team headed by a case manager rather than by the primary mental health clinician



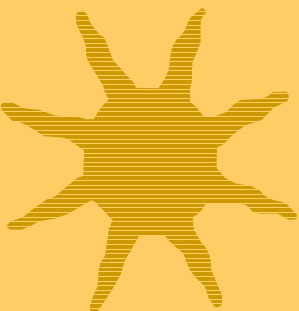
Outcomes, continued



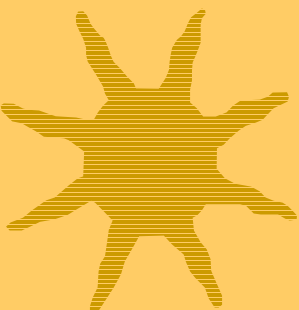
- ★ A family-centered model using an intensive case manager and a parent advocate showed superior outcomes when compared to a treatment foster care intervention
- ★ Slightly better outcomes were seen for families enrolled in a case management with psychoeducational program than in case management alone



Resources Needed



- ★ Well trained, well supervised case managers



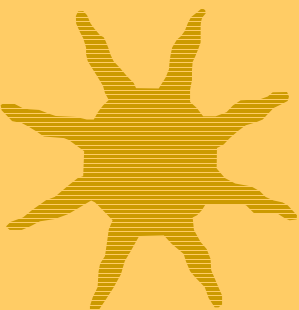
- ★ Limits on caseload size

- ★ Office space, telephones

- ★ Transportation

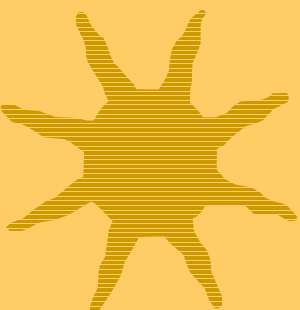
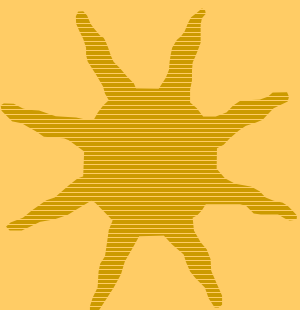
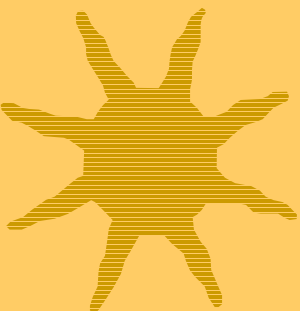
- ★ Cell phones and laptop computers

- ★ Evidence-based services and flex funds





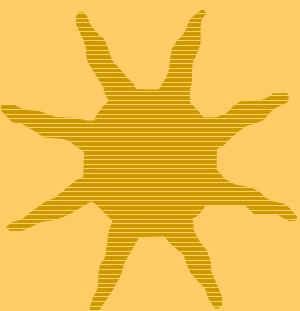
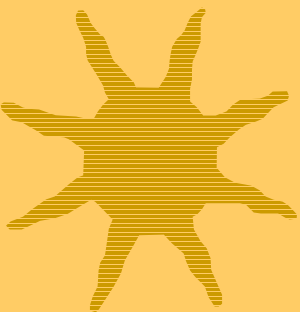
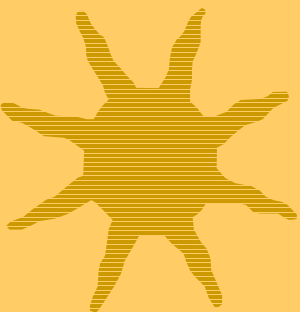
Qualifications of Case Managers



- ★ Educational level may vary, but they need standardized training, ongoing supervision and continuing education
- ★ Ability to form working relationships
- ★ Commitment to this role and their families
- ★ Creativity



Rural vs Urban Case Management



- ★ In rural areas case managers spend a lot of time in their cars (27%)
- ★ Supports such as cell phones and laptops may be particularly helpful to them
- ★ Support groups and team meetings may be harder to sustain in rural areas
- ★ Safety may be a concern in urban areas and drivers or teams of workers may be necessary



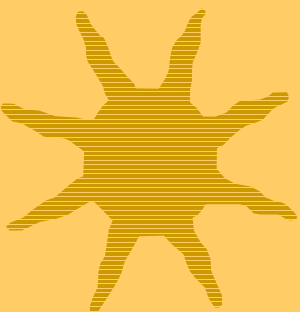
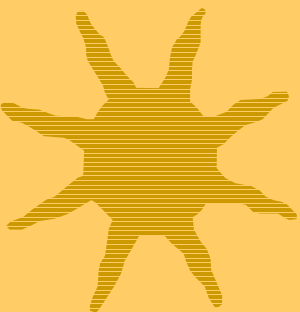
What Is Wraparound?

- ★ Wraparound is a planning process that results in a unique set of community services and natural supports that are individualized for a child and family to achieve a positive set of outcomes.

Burns & Goldman, 1999



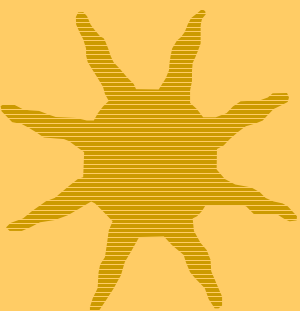
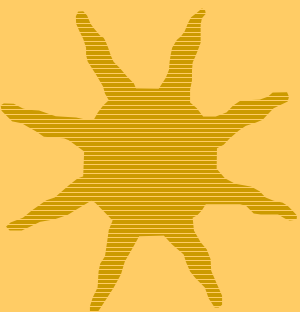
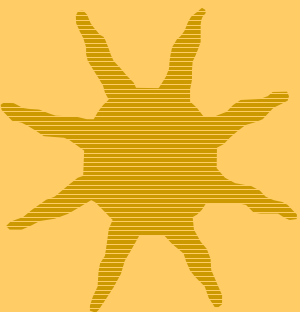
Wraparound & Case Management



- ★ Wraparound may be the process used to achieve comprehensive care coordination and in which the case manager functions as the lead in assuring care coordination.



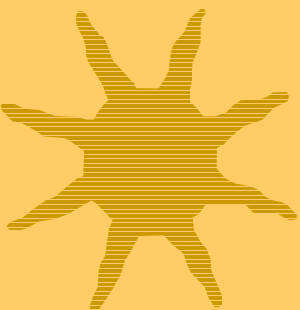
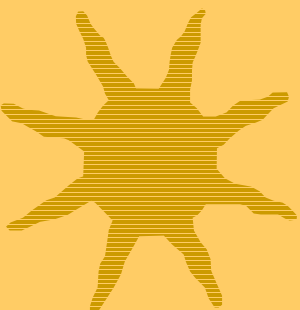
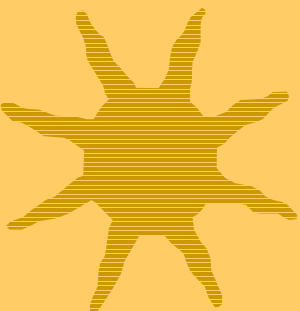
Principles of Wraparound



- ★ It is based in the community
- ★ It is a team approach in which families take an active part
- ★ Services and supports are individualized and are strengths-based
- ★ Both formal and informal services are used
- ★ Cultural competence is essential



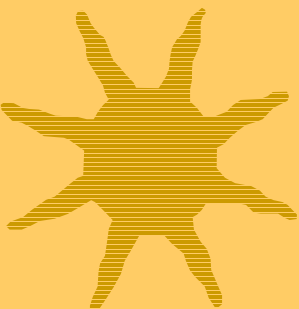
Principles, continued



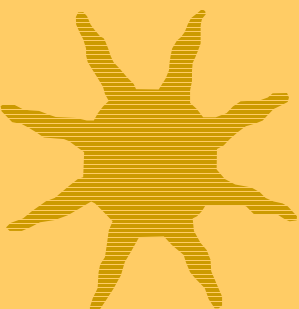
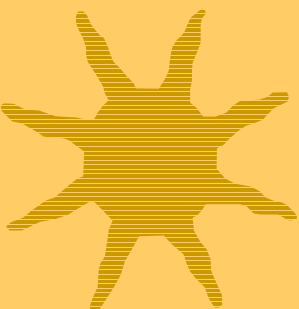
- ★ There must be unconditional commitment to serve children and families
- ★ Family teams must have flexible approaches and adequate flexible funding
- ★ Plans are based on an interagency, community collaborative process
- ★ Outcomes must be specified and measured



What Is Required?

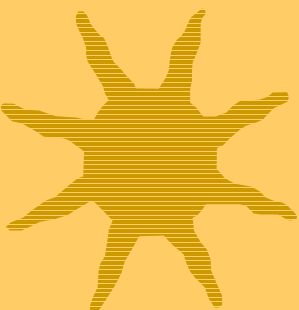
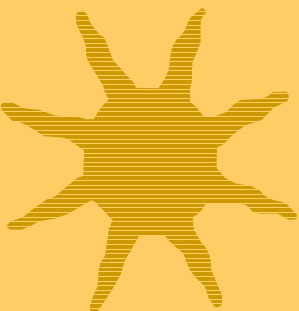


- ★ The resource coordinator (cm) must be trained using a formal curriculum
- ★ Flexible funds
- ★ A community assessment of resources
- ★ A Wraparound Fidelity Index is available to ensure adherence to the process





What Is the Evidence?



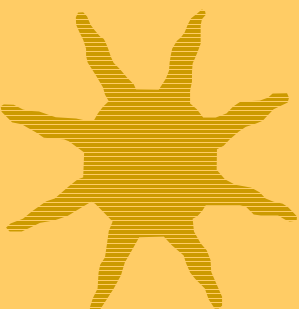
- ★ 15 studies in 10 states have been identified by Burchard, Bruns and Burchard
- ★ 2 are randomized controlled trials (Evans & Clark, both discussed under case management)
- ★ In general, these studies show positive outcomes including increased community tenure and functional outcomes for families receiving wraparound



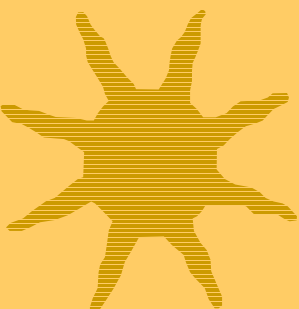
Length of Services



★ For most populations this is an extended period of time (12-24 months)



★ Length depends on success in establishing informal supports



★ Length may depend on step-down services available